FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087684 (4)

1. Corporation Name

WHITESTONE WEAVERS (USA), INC.

Principal Place of Business
501 E KENNEDY BLVD. 1700
TAMPA FL 33602

Mailing Address
501 E KENNEDY BLVD. 1700
TAMPA FL 33602

2. Principal Place of Business
21 920 SIESTA KEY PLACE
Suite, Apt. #, etc
22
City & State
23 SARASOTA FLORIDA
Zip
24 34242
Country
25

2a. Mailing Address
26 920 SIESTA KEY PLACE
Suite, Apt. #, etc.
27
City & State
28 SARASOTA FL.
Zip
29 34242
Country
30

3. Date Incorporated or Qualified: 12/02/1994
3a. Date of Last Report: 03/14/1995
4. FEI Number: 65-0581266 ~~APPLIED FOR~~ ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JACOBSON, RICHARD A
501 E KENNEDY BLVD, 1700
TAMPA FL 33602

10. Name and Address of New Registered Agent
81 Name: SIMON OLIVER
82 Street Address (P.O. Box Number is Not Acceptable): 920 SIESTA KEY PLACE
83 SARASOTA
84 City: FL
85 Zip Code: 34242

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE [signature] SIMON OLIVER — Signature, typed or printed name of registered agent and title if applicable
[signature] — (NOTE: Registered Agent signature required when reinstating) DATE 5/13/96

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	OLIVER, SIMON	
STREET ADDRESS	501 E KENNEDY BLVD, 1700	
CITY-ST-ZIP	TAMPA FL 33602	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☑ Change ☐ Addition
1.2 NAME	SIMON OLIVER	
1.3 STREET ADDRESS	920 SIESTA KEY PLACE	
1.4 CITY-ST-ZIP	SARASOTA FLORIDA 34242	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] SIMON OLIVER 5/13/96 941-349-8264
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #